

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09924319</div>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	/		/		/		51				
2		/		/		/	52				
3		/		/		/	53				
4		/		/		/	54				
5		/		/		/	55				
6	/		/		/		56				
7		/		/		/	57				
8	/		/		/		58				
9		/		/		/	59				
10	/		/		/		60				
11		/		/		/	61				
12	/		/		/		62				
13		/		/		/	63				
14	/		/		/		64				
15		/		/		/	65				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6	↓	6	↓	6	↓	TOTAL IND.		↓		↓
TOTAL DEP.	11		9		3		TOTAL DEP.		↓		↓
TOTAL CLAIMS	17		15		9		TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-3022 (1-98)

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